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Berkshire County Council

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# REPORT

OF THE

MEDICAL OFFICER OF  
HEALTH

FOR THE YEAR

1949



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*To the Chairman and members of the  
Health Committee of the Berkshire County Council.*

I have the honour to submit my Annual Report for the year 1949.

The year 1948 was a year in which the vital statistics of the County again created a number of new low records. Largely owing to the chance fluctuations that affect rates founded on comparatively small numbers, the making of records of this kind cannot be repeated *every* year. Reference is made to this point in regard to more than one of the figures in the Report. But a good example of a general trend can be seen in the fall in the death-rate from tuberculosis in Table VII, where the use of groups of years has eliminated most of the effect of the swings due to chance that appear in the annual figures. Some of the more important reasons why the crude death-rate from all causes undergoes significant changes, not due to chance alone but to the periodic intrusion of specific disease factors such as influenza, are specially referred to on page 5.

Although there were a number of new low records in the vital statistics for the County for 1948, it was to be observed that there was not in that year a new low record in the death-rate from pulmonary tuberculosis. But in 1949 a new low record for this cause of death was achieved, as set out more fully on page 12. Even so, there can be little cause for complacency in regard to a disease that still caused nearly 20,000 deaths in England and Wales as a whole in 1949, of which more than 17,000 deaths were due to tuberculosis of the lungs; and a number of the remainder were also undoubtedly due *indirectly* to pulmonary tuberculosis, being cases of generalised tuberculosis or of acute tuberculosis of the nervous system, each such case arising from a case of pulmonary tuberculosis in the first instance.

Special reference is made on page 8 to the fact that there were 15 cases of diphtheria in the County in 1949, as compared with only 2 in the previous year; and this occurrence (for most of the cases were connected with a single local outbreak in a closed community) underlines the vital importance of *maintaining* our control over this disease by immunisation, which largely eliminates the dangers of the disease, but not the virulent organisms that cause it. There is also an account of the important outbreak of typhoid fever that occurred at Crowthorne. This underlines the need for the acceptance of the duty of *hand hygiene* as one of the invariable social rules for the community at large, for intestinal infections such as typhoid, dysentery, and food poisoning can be enormously reduced by the application of this simple principle by each one of us. Special reference is made on page 5 to the other great but simple principle of personal hygiene and conduct that needs more general adoption in the community at large, that of *nose and throat hygiene*, in the prevention of illness and death from respiratory infections (not excluding pulmonary tuberculosis), and the principle is not without importance also in relation to the spread of poliomyelitis, which was more prevalent in the County in 1949 than ever before.

The year saw the completion of the first full year under the National Health Service Act, 1946. As has been stated previously, for a county like Berkshire the new order meant less real change than in many other areas, but represented rather the continued consolidation and development of existing public health services, whose work for the prevention of disease goes on quietly, in spite of the fact that so much more attention is being paid at the moment to those other parts of the health and medical services that may ultimately be shown to be, perhaps, of less importance than those

whose function is that of the prevention of disease and the promotion of health ; and it is well known that the individual only appreciates the latter when he has, for the time, lost it. As had been expected, there was a special tendency for certain services to increase, in particular the ambulance service and the domestic help service, and this increase would undoubtedly have been greater in the absence of the specific measures of control that were adopted and have been described in this Report and its predecessor.

Previous to the coming into effect of the National Health Service Act, 1946, the voluntary services have always played an important part in the health services of Berkshire. Special efforts, that have had a large and gratifying measure of success, have been made to encourage and help these voluntary agencies to continue. An acknowledgment is due to them all : to those voluntary workers throughout the County who have continued their invaluable work for the nursing and infant welfare services ; to the St. John Ambulance Brigade, the British Red Cross Society, and the local voluntary committees, for doing so much in helping to provide the County ambulance service ; and to the W.V.S. for its work in regard to the domestic help service.

I should like to thank the Chairman and members of the Committee, and many other members of the Council, for their unfailing help and support, and to all the members of my staff for their unremitting zeal, industry and efficiency.

E. C. H. HUDDY,

*County Medical Officer of Health.*

*October, 1951.*

## ADMINISTRATIVE COUNTY OF BERKSHIRE.

## AREA AND POPULATION.

The area of the administrative county of Berkshire is 454,725 acres. In 1949 the estimated civilian population was 279,070 persons, an increase of 51,220 compared with the figure for the last pre-war year, and an increase of 2,280 compared with the previous year.

TABLE I.

				Population.	
				Census, 1931.	Registrar-General's Estimate.
					1949.
URBAN DISTRICTS.					
1	Abingdon Borough	...	1,713	7,829	10,330
2	Maidenhead Borough	...	5,007	22,588	27,030
3	Newbury Borough	...	2,612	14,242	17,750
4	New Windsor Borough	...	4,616	20,287	22,240
5	Wallingford Borough	...	760	3,109	3,390
6	Wantage	...	2,797	3,793	4,840
7	Wokingham Borough	...	3,386	7,294	8,580
Total			20,891	79,142	94,160
RURAL DISTRICTS.					
1	Abingdon	...	41,225	11,687	21,760
2	Bradfield	...	53,008	14,474	18,960
3	Cookham	...	24,920	10,271	13,310
4	Easthampstead	...	27,034	18,010	22,490
5	Faringdon	...	55,726	9,649	11,440
6	Hungerford	...	44,817	8,706	9,580
7	Newbury	...	41,660	11,110	14,340
8	Wallingford	...	21,772	9,464	14,500
9	Wantage	...	74,179	11,673	14,430
10	Windsor	...	8,665	9,868	11,160
11	Wokingham	...	40,828	20,250	32,940
Total			433,834	135,162	184,910
Administrative County			454,725	214,304	279,070



TABLE II.—VITAL STATISTICS FOR ENGLAND AND WALES, 1949.

The following Table, based on figures issued by the Registrar-General, gives the principal vital statistics during the year 1949 for England and Wales, London, the 126 Great Towns, and the 148 Smaller Towns, respectively.

The corresponding figures for the County of Berks are shown for purposes of comparison.

(Provisional figures, based on *Weekly and Quarterly Returns*.)

	Rate per 1,000 population.		Annual crude death-rate per 1,000 population.						Infant mortality per 1,000 live births.
	Live Births.	Still- Births.	All Causes.	Typhoid and Paratyphoid Fever.	Smallpox.	Whooping Cough.	Diphtheria.	Influenza.	
England and Wales ... ..	16·7	0·39	11·7	0·00	0·00	0·01	0·00	0·15	32
126 County Boroughs and Great Towns including London ...	18·7	0·47	12·5	0·00	0·00	0·02	0·00	0·15	37
148 Smaller Towns (estimated resident populations 25,000 to 50,000 at Census, 1931) ...	18·0	0·40	11·6	0·00	—	0·01	0·00	0·14	30
London ... ..	18·5	0·37	12·2	0·00	—	0·01	0·00	0·11	29
Berkshire ... ..	17·16	0·33	11·08	0·00	—	0·02	—	0·11	24·6

## BIRTHS AND BIRTH RATES.

## LIVE BIRTHS.

The numbers of live births, and the birth rates per 1,000 population for 1949 and the four previous years were :—

	<u>1945</u>	<u>1946</u>	<u>1947</u>	<u>1948</u>	<u>1949</u>
Number of live births, Berks	4,451	4,806	5,420	4,950	4,789
Birth rate per 1,000 population,					
Berks            ...        ...        ...	17·2	18·27	20·17	17·89	17·16

It will be observed that the birth rate continues to fall away from the peak of the post-war increase.

## STILL-BIRTHS.

The numbers of still-births and the proportion of still-births per 1,000 total births (together with the latter proportion for England and Wales) for 1949 and the two previous years were :—

	<u>1947</u>	<u>1948</u>	<u>1949</u>
Numbers of still-births, Berks    ...    ...	118	90	93
Proportion of still-births per 1,000 total			
births, <i>Berks</i> ...        ...        ...	21·3	17·9	19·0
Proportion of still-births per 1,000 total			
births, <i>England and Wales</i> ...    ...	23·8	22·9	22·7

The rise in the proportion of still-births is probably not significant, the figure for the year 1948 having been in all probability a low swing, due to chance, below a curve that still falls. But the curve is necessarily beginning to flatten out (and this can be observed in the case of that for England and Wales as a whole) because we are getting nearer to the irreducible minimum in regard to still-births, for such a minimum undoubtedly exists.

The number of *illegitimate births* was 302 (including 7 still-births), which is 6·6 per cent. of total births.



TABLE III.

		Average live birth-rate per 1,000 estimated population during the ten years, 1939-1948.	Number of live births.
			1949.
URBAN DISTRICTS.			
1	Abingdon Borough ...	18.30	186
2	Maidenhead Borough ...	15.25	428
3	Newbury Borough ...	16.05	274
4	New Windsor Borough ...	17.32	426
5	Wallingford Borough ...	15.40	64
6	Wantage ... ..	16.56	111
7	Wokingham Borough ...	16.65	120
RURAL DISTRICTS.			
1	Abingdon ... ..	20.42	444
2	Bradfield ... ..	14.71	285
3	Cookham ... ..	15.20	205
4	Easthampstead ... ..	15.15	360
5	Faringdon... ..	19.62	263
6	Hungerford ... ..	17.30	166
7	Newbury ... ..	15.93	211
8	Wallingford ... ..	18.80	270
9	Wantage ... ..	17.13	273
10	Windsor ... ..	16.02	171
11	Wokingham ... ..	16.10	532
Urban Districts ... ..		16.39	1,609
Rural Districts ... ..		16.87	3,180
County ... ..		16.71	4,789

## DEATHS.

The total numbers of deaths, the numbers due to the main causes, and the crude death rates during 1949 and the three previous years were as follows :—

<i>Cause.</i>	<i>Number of deaths.</i>			
	<u>1946</u>	<u>1947</u>	<u>1948</u>	<u>1949</u>
All causes ... ..	2,959	3,131	2,716	3,092
Heart disease ... ..	788	884	765	958
Cancer ... ..	515	506	501	487
Intra-cranial vascular lesions	320	391	315	373
Bronchitis and pneumonia ...	206	238	201	253
Influenza ... ..	36	28	11	32
<i>Crude death rate per 1,000 population ... ..</i>	<i>11.25</i>	<i>11.65</i>	<i>9.82</i>	<i>11.08</i>

The increase in the number of deaths in 1947 as compared with 1946 was the result of an increase of deaths from non-specific respiratory infections, due to the very exceptional cold of the first quarter of the former year, and in such conditions certain other non-specific causes of death, including, in particular, heart disease and intra-cranial vascular lesions, usually increase also ; these effects can be seen from the figures given above, and they can be observed even more clearly in the national figures. The increase of deaths due to respiratory infections in 1947 affected especially persons over 65 (to a less extent those over 45) ; but *infants were also affected*, although other causes of death among infants fell so markedly between the two years as to mask the fact (as judged from the total infant mortality) that deaths of infants from bronchitis and pneumonia were 18 and 31 in the years 1946 and 1947 respectively.

The increase of deaths in the county during 1949 was due to a different cause, for 1949 was an *influenza* year, and this virus infection (due to a type closely related to the main strain, Virus A) was imported into England from France early in the year ; influenza deaths rose during February, reaching a sharp peak in March, and declining to more normal figures in May. There was little effect on infants ; indeed, the infant mortality in the county due to bronchitis and pneumonia in 1949 was the lowest that has ever been recorded. The main effect was on persons over 65 (to a less extent, on those over 45). Apart from deaths specifically ascribed to influenza, those due to pneumonia or bronchitis also rose in these age groups, and deaths from the main non-specific causes (in particular, heart disease) showed to a marked extent the increase that usually accompanies a rise in respiratory disease. The situation would undoubtedly have been more serious in the absence of the antibiotic drug *penicillin*. But it is to be observed that a virus infection such as influenza, and also the non-specific respiratory infections, can still take their toll in older persons, even with the great advances of medical treatment by sulphonamides and the newer antibiotics. It is probable that some of this at least can be prevented. The fact that coughs and sneezes spread diseases (whether influenza or non-specific respiratory infections), particularly to infants and older persons, is not yet sufficiently part of general knowledge. The *cough* is possibly of more dangerous significance in this connection. In any case, as far as possible coughs and sneezes should be caught in a handkerchief, and not caught by another person, generally a friend or relative. The use of the "hand before the mouth" does little except to infect the hand. The latter fact, although unpleasant, may be of little significance, but it at least serves to remind us that the procedure is of no value, but that the use of a handkerchief to cover the mouth may help to prevent illness, with all its attendant worry and incapacity, and even death. In order to be effective, these simple methods for the control of the spread of infection should be carried out at all times, and not only when in company. Otherwise the clothing is more heavily infected than need be, and infection is passed on by the dust that is known to arise from clothing as the result of quite ordinary movements of the person, and it is probable that this latter means of spread is of far greater importance, in aggregate, than is generally appreciated.

TABLE IV.  
DEATH RATE.

		Average annual crude death- rate per 1,000 estimated population during the ten years, 1939-1948.	Number of deaths.
			1949.
URBAN DISTRICTS.			
1	Abingdon Borough ...	11.54	113
2	Maidenhead Borough ...	12.36	362
3	Newbury Borough ...	12.41	226
4	New Windsor Borough ...	12.60	243
5	Wallingford Borough ...	12.45	45
6	Wantage ... ..	13.71	80
7	Wokingham Borough ...	15.96	106
RURAL DISTRICTS.			
1	Abingdon ... ..	8.94	168
2	Bradfield ... ..	11.18	190
3	Cookham ... ..	10.53	152
4	Easthampstead ... ..	11.39	244
5	Faringdon... ..	11.19	105
6	Hungerford ... ..	12.90	107
7	Newbury ... ..	11.28	178
8	Wallingford ... ..	9.34	144
9	Wantage ... ..	11.52	136
10	Windsor ... ..	12.56	140
11	Wokingham ... ..	10.59	351
	Urban Districts ... ..	12.74	1,177
	Rural Districts ... ..	10.90	1,915
	County ... ..	11.53	3,092

#### INFANT MORTALITY.

	<i>Year</i>	<i>Year</i>	<i>Year</i>	<i>Year</i>
<i>Berkshire.</i>	<u>1946</u>	<u>1947</u>	<u>1948</u>	<u>1949</u>
Deaths of infants under one year ... ..	169	161	116	118
Infant mortality rate (deaths of infants under one year per 1,000 live births in the same period) ... ..	35.2	29.7	23.4	24.6

The rate of infant mortality for the county in 1948 was by far the lowest that had ever been recorded. The national rate also made its own new low record of 34 in that year (and in 1949 the national rate was 32). It was explained in the last Report that the very low figure for Berkshire in 1948 probably owed something to the chance fluctuations that affect rates founded on comparatively small numbers of deaths. This has in fact proved to be the case, and the rise in the Berkshire infant mortality figure for 1949 is not incompatible with a still falling curve, although (as with still-births) the curve is tending to flatten out because the figure is getting nearer to the irreducible minimum, the main elements of which are probably prematurity and congenital malformations. The main cause of the low swing in 1948, and of the swing back in 1949, was a variation (of such magnitude as to be within the range that may be reasonably attributed to chance alone) in the

deaths due to congenital malformations, birth injuries and infantile diseases, of which the first is the main part.

In 1949 nearly two-thirds (65·5 per cent.) of the deaths of infants were in those of less than a month old. The important fact that 5 young children died of whooping cough is referred to again elsewhere in this Report.

TABLE V.  
INFANT MORTALITY.  
(per 1,000 live births).

				Average Rate, 1939-1948.	Number of deaths. 1949.
URBAN DISTRICTS.					
1	Abingdon Borough	...	...	27·26	6
2	Maidenhead Borough	...	...	44·06	12
3	Newbury Borough	...	...	32·37	10
4	New Windsor Borough	...	...	40·85	11
5	Wallingford Borough	...	...	44·69	1
6	Wantage	...	...	27·20	1
7	Wokingham Borough	...	...	30·96	5
RURAL DISTRICTS.					
1	Abingdon	...	...	29·25	13
2	Bradfield	...	...	40·66	3
3	Cookham	...	...	31·84	4
4	Easthampstead	...	...	34·61	11
5	Faringdon	...	...	25·04	2
6	Hungerford	...	...	39·08	5
7	Newbury	...	...	36·40	4
8	Wallingford	...	...	37·68	7
9	Wantage	...	...	33·85	2
10	Windsor	...	...	38·72	6
11	Wokingham	...	...	31·98	15
Urban Districts				37·07	46
Rural Districts				33·93	72
County				34·97	118

#### MATERNAL MORTALITY.

The numbers of deaths in the county from sepsis and from causes other than sepsis during the year 1949 and the two previous years were respectively :

	<u>1947</u>	<u>1948</u>	<u>1949</u>
Numbers of deaths from sepsis	<i>Nil</i>	1	<i>Nil</i>
Numbers of deaths from causes other than sepsis	3	2	3

The maternal mortality per 1,000 total births, for the three years shown above, is 0·58, as compared with 1·6 for England and Wales in those years. In 1947, there was no maternal death from sepsis in the county for the first time.



## PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

## DIPHTHERIA.

In 1946, for the first time since records were begun well over a hundred years ago, there was no death from diphtheria in the county. There was a single death in 1947, but in both 1948 and 1949 there were no deaths in Berkshire from this disease.

As recently as the year 1909 there were as many as 300 cases of diphtheria in Berkshire in a single year (and in that year there were 40 deaths). In 1948 the number of cases had fallen to 2. *In 1949 there were 15 cases.* Of these, 7 occurred sporadically and were unconnected, as far as could be ascertained, with other known cases. The remaining 8 were all part of an outbreak in a children's convalescent home in the Wokingham Rural District. The home received cases from a London hospital, and the infection was introduced by a nurse who had come down from the latter hospital, and who had recently suffered from a sore throat, the nature of which had not been recognised. Eight cases resulted and were admitted to the Maidenhead Isolation Hospital. The cases included 6 children between two and twelve years of age from the convalescent home, together with the cook and, after an interval, her husband, the gardener. Of these 8 cases, 6 (including 3 severe cases) had not been immunised, in 1 patient the status in respect of immunisation was doubtful, and 1 child (a mild case) had been immunised. The organism concerned was shown to belong to the *gravis* strain, the most dangerous type, that can sometimes produce the disease (although generally in a mild form) even in the immunised. In the course of the investigations it was found that 5 of the nursing staff were "carriers," and these were removed to the Isolation Hospital also. In view of the fact that the cook's children attended a local school, all the children in the local schools were given either immunisation or reinforcing doses of diphtheria prophylactic. No further cases occurred. Thanks to the fact that cases were recognised and removed to hospital quickly, all the cases (including the severe ones) recovered.

The arrangements first made by the Council in 1947 for immunisation against diphtheria to be carried out by medical practitioners were continued during 1949. The numbers of cases treated were :—

Primary immunisations	...	...	...	2,694
Reinforcement doses	...	...	...	57

In addition, the numbers immunised at County Council Clinics were :—

Primary immunisations	...	...	...	576
Reinforcement doses	...	...	...	410

## SCARLET FEVER.

There were 263 notified cases, of which 112 were removed to hospital. As in the previous year, there was no death from the disease. In the Report for 1946-47, special reference was made to the disadvantages of removal to hospital in cases of scarlet fever (unless there be special public health reasons) and to the reasons why removal to hospital has little or no effect in controlling the number of cases.

## TYPHOID FEVER.

At the end of April, 1949, an important outbreak of typhoid fever ("real" typhoid, as opposed to paratyphoid, a different, and in general a considerably milder, disease) occurred in the Crowthorne district. It was eventually shown that fifteen households (fourteen of them in Crowthorne),

and 41 persons were infected. Most of the cases were in Crowthorne itself, but a small number were persons who were visiting Crowthorne at the material time and who later developed typhoid in places as far apart as Oxford and Ramsgate, and one visitor from Surrey also became a case. The County Public Health Department played an active part in the very urgent and extensive investigations that became necessary. The original human source (rarely a case, but almost invariably a chronic "carrier") of this outbreak was never traced, but on the basis of circumstantial evidence which was in this instance as complete as such evidence is ever likely to be, it was eventually concluded that the infection was conveyed by corned beef that was obtained on 15th, 16th and 19th April from one of the three butchers who supplied Crowthorne, and which was consumed in most of the cases during the excessively hot Easter week-end of 15th to 17th April. As has been stated already, every possible effort failed to trace the source, but the possibility that seemed most probable was that the corned beef (which came from a number of tins, and was therefore almost certainly infected after removal from the tins) had been infected by a knife during slicing and that the knife, in turn, may well have been infected by one of the coverings from imported mutton carcasses that were used as wiping cloths. The infecting organism was shown to be *Salm. typhi*, Vi-phage type E1. Two known "carriers" in the district, and two others who presented themselves, were investigated, but their organisms were of a different type to that isolated from the outbreak, and this exemplifies very well the value of the newer methods of "typing" in tracing (in this instance, by exclusion) the links in the chain of infection. All the necessary steps to limit the spread of infection were put into operation, and in this process publicity by means of loudspeaker vans was found of considerable value.

The cases formed the first group in this country to be treated by the new antibiotic drug, *chloramphenicol* (also known as Chloromycetin, and already famous under that name for its value in the treatment of Scrub Typhus among troops in the Far East). The number of deaths (2, including one Berkshire resident) out of the 41 cases was low in the light of the fact that the average case mortality of typhoid is 10 per cent. or higher, although these figures were too small to be significant. But the drug showed the expected rapid benefit in regard to the clinical condition of the patients, and the suggestion of a favourable effect on mortality has been confirmed with more extensive experience in other cases. It has been generally considered that between 3 and 5 per cent. of cases of typhoid fever become chronic "carriers." With this outbreak two persons remained as (presumably) chronic "carriers," and it has been a disappointing general experience that the newer drugs, including *chloramphenicol*, have so far appeared to have little or no effect in preventing the development of the chronic "carrier" state.

#### WHOOPIING COUGH.

There were 927 notified cases and 5 deaths, 4 of the latter in infants under one year of age. It may be recalled that in 1947 there were 9 deaths from this disease, 6 of them in infants under one. Whooping cough is now the main cause of death and of chronic illness from permanent lung damage (although some of the cases of the latter condition can now be benefited by surgery) among the specific infectious diseases in children, and most of the brunt falls on young infants. The prevention, or reduction, of the disease by immunisation through the use of vaccines has received very favourable reports in America and Canada. In this country it has been decided to



submit the matter to an extensive and properly controlled investigation by the Medical Research Council before making a decision on the question, and the result of this investigation is eagerly awaited, for there is a considerable harvest of infant life, and of health at older ages, to be gathered in this field.

#### VACCINATION AGAINST SMALLPOX.

There were no cases of smallpox in England and Wales during 1948, but there were 17 cases in 1949. Of these, 15 arose from one importation, by ship, where a passenger had acquired infection during a visit to a town in India *en route*. No case occurred in Berkshire, but a number of contacts required close surveillance, and the situation confirmed once again that the risk of importation of this disease is continual, and that constant vigilance must be maintained.

Under the County Council's arrangements for vaccination and re-vaccination 1,761 were primarily vaccinated and 364 were re-vaccinated.

#### POLIOMYELITIS.

This disease had assumed a distribution of unprecedented extent in 1947, and it was expected then that a much greater prevalence than had formerly occurred in this country was to be expected, although with fluctuations, for a number of subsequent years at least. In that year the number of cases in Berkshire was 54. The general prevalence in 1948 was reduced to about a third of the 1947 figure, and there were 16 cases in Berkshire in the former year. In 1949, the disease recurred with almost the same intensity as in 1947. The situation in Berkshire was even worse, for the notified cases that were eventually confirmed totalled no less than 66. There were 9 deaths among these 66 cases, 6 of the deaths being those of persons ordinarily resident in Berkshire. The procedure in regard to *notification* of infectious disease assigns a case to the area in which the diagnosis is made by the medical practitioner, so that visitors to an area who develop poliomyelitis are assigned to that area as notified cases. The procedure in regard to *death* is different, and deaths are assigned to the area of ordinary residence.

Intensity of attack by poliomyelitis has generally been highest in the rural districts of the country, but more recently London has been competing with the rural districts in this respect. Thus, in 1947, London's attack rate of 0.22 per thousand population was equal to that in the rural districts of England, and in 1949 the rate for London exceeded that for the rural districts (0.20 against 0.15). The proximity of Berkshire to London, and the close social contact that exists between East Berks and the metropolis may be of significance here, in relation to the fact that the eastern half of Berkshire was more heavily attacked in 1949 than were the English counties as a whole. No less than 48 of the total of 66 cases in the county occurred in East Berks. The number of cases in West Berks (18) is not significantly high, but the number in East Berks is very significantly higher than the number that would have been expected in that half of the county, *even if it had suffered the comparatively high attack rate of London*.

The age-distribution of the cases is shown in the following table, and that of the deaths (of Berkshire residents) is given in Table XI.

Age ... ..	0—	1—	3—	5—	10—	15—	25 up
Number of cases ...	1	7	8	16	9	11	14

Actual paralysis occurred in 37 of the total of 66 cases. In the investigation of cases, special attention was paid to the recent history of the patient, in regard to exercise during the early ("pre-paralytic") stage of the disease. In one case only was heavy exercise in the latter part of this stage followed by notably severe and extensive paralysis, and the case, that of an adult man, was rapidly fatal. In only two instances did more than one case occur in the same household. It is sometimes possible, although the exception rather than the rule, to trace the spread of infection from case to case, almost invariably through apparently healthy intermediaries. The Maidenhead cases were of interest in that it was possible by careful investigation to trace either direct or indirect contact in respect of 10 out of the total of 13 cases, and the frequent development of minor symptoms, such as sore throat and malaise, in a high proportion of the immediate contacts of cases was also observed. One group of cases occurred in Woodley, but here very careful investigations failed to reveal any evidence of direct or indirect spread from one case to another.

#### VENEREAL DISEASES.

The following figures show the numbers of cases dealt with during 1949 at the various clinics serving the area of the county. The very definite reduction in the numbers of cases in all categories will be observed, the figures for the preceding year being shown in brackets :—

			Royal Berks Hos- pital, Reading.	Radcliffe Infirmary, Oxford.	King Edward VII Hospital, Windsor
<i>Number of cases seen for the first time in 1949</i>	...	...	127 (176)	77 (135)	88 (134)
of which—					
Cases of syphilis	...	...	16 (24)	10 (32)	9 (23)
„ gonorrhoea	...	...	17 (17)	8 (19)	8 (17)
Non-venereal cases	...	...	94 (135)	59 (84)	71 (94)

#### LABORATORY SERVICES.

The Public Health Laboratory Service continued throughout the year to give invaluable assistance to Medical Officers of Health in the investigation of both outbreaks and individual cases of infectious disease. Again, the Reference Laboratories of the Service (at which the specialised tests for the *Typing* of certain of the more important pathogenic micro-organisms are carried out) were of great value, and an example of this was provided in connection with the outbreak of typhoid fever at Crowthorne, to which special reference is made elsewhere in this Report.

#### TUBERCULOSIS

(and see also Care and After-Care, p. 21).

The numbers of primary notifications received during the year under the Public Health (Tuberculosis) Regulations, 1912, are shown in the following table, together with the corresponding figures for the previous nine years :—

TABLE VI.  
TUBERCULOSIS.  
ANNUAL NUMBER OF NOTIFICATIONS RECEIVED SINCE 1940.

Year	Pulmonary.	Non-Pulmonary.	Total.
1940	246	86	332
1941	236	90	326
1942	283	105	388
1943	258	80	338
1944	330	89	419
1945	257	89	346
1946	272	84	356
1947	264	53	317
1948	245	77	322
1949	258	49	307

The number of deaths from pulmonary tuberculosis during the year was 71 (compared with 111 and 99 in the years 1947 and 1948 respectively), and the number of deaths from non-pulmonary tuberculosis was 6 (compared with 14 and 12 in 1947 and 1948 respectively).

The numbers of deaths from both pulmonary and non-pulmonary tuberculosis are the lowest ever recorded, and it must be remembered that the population has grown steadily since the early years of the present century. Even more striking new low records are made, therefore, by the crude death rates from these two causes, and the position is set out in the following table. The corresponding crude death rates for England and Wales are 40 for pulmonary, and 5.5 for non-pulmonary, tuberculosis.

TABLE VII.  
CRUDE DEATH-RATE FROM TUBERCULOSIS PER 100,000  
POPULATION.

PULMONARY TUBERCULOSIS.				NON-PULMONARY TUBERCULOSIS.			
Quinquennium, 1906-10	...	87		Quinquennium, 1906-10	...	24	
Quinquennium, 1941-45	...	36		Quinquennium, 1941-45	...	11	
Triennium, 1946-48	... ..	32.5		Triennium, 1946-48	... ..	5.1	
Year 1949	... ..	25		Year 1949	... ..	2	



TABLE VIII.  
NEW CASES OF, AND DEATHS FROM, TUBERCULOSIS,  
ACCORDING TO AGE.  
YEAR 1949.

Age Group.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 —	—	—	—	—	—	—	—	—
1 —	5	5	9	1	—	—	1	1
5 —	7	2	17	6	—	—	—	—
15 —	135	89	8	7	20	9	3	—
45 —	38	13	—	2	18	9	—	—
65 and upwards	13	2	1	—	12	3	1	—
Totals	198	111	35	16	50	21	5	1

### CARE OF MOTHERS AND YOUNG CHILDREN.

#### INFANT WELFARE CENTRES.

Up to 5th July, 1948, when the National Health Service Act, 1946, came into effect, Infant Welfare Centres were provided throughout the County by local voluntary committees, who arranged for the attendance of a medical practitioner, and the County Council made an annual grant to each such Centre, as well as providing for the attendance of a Health Visitor at each session. Under the new Act the Council became responsible for all necessary expenditure in connection with the Centres. But every encouragement was given to the local voluntary committees, and to their voluntary workers, to continue. The committees have carried on loyally under the new system, and the work of the numerous voluntary workers at the Centres continues to be of indispensable value. At the end of 1949 there were 70 Centres, new ones having been opened during the year at Arborfield, Blewbury, Letcombe Regis, Pangbourne, Spencers Wood and Winnersh.

#### DAY NURSERIES.

The Day Nurseries at Lydalls Road, Didcot (40 children, including infants) and The Lawns, Windsor (50 children) continued their work throughout the year. Children were accepted if their mothers were in employment, and in cases where special circumstances in the home justified the admission on grounds of genuine need.

#### CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

(a) The field work for this purpose is carried out by the workers of the Oxford Diocesan Moral Welfare Association, to which the Council again paid a substantial grant. All cases coming to the attention of the Public Health Department are referred to the Workers of the Association in the first instance.

(b) Institutional accommodation is provided by the admission of short-stay cases to any one of a number of voluntary homes, the Council paying 75 per cent. of the ascertained cost, less any contribution of the mother; for the long-stay cases, in which the mother desires to keep her child, and in which rehabilitation, in the social sense, seems to be possible, the Council provides Burnell House, Windsor (18 mothers with their infants). Here cases are normally retained for two years. The number of cases admitted was 19, and 25 cases were admitted to other Homes.

(c) Special care is provided for all those illegitimate infants who live in ordinary households, and the Health Visitors are required to keep each case under special and close supervision, and to send in reports on each. Every effort is made to enlist the help of such social agencies as may be appropriate to the individual case.

#### DENTAL CARE.

Local Health Authorities are required, under Section 22 of the National Health Service Act, 1946, to make arrangements for "the care, including in particular dental care, of expectant and nursing mothers and of children who have not attained the age of five years and are not attending primary schools maintained by a local education authority." The County Council had allowed persons within these categories to attend at its School Dental Clinics. It was proposed that the dental staff should be increased from 9 to 11 under the National Health Service Act, 1946, in order to carry out the increase of work that was to be expected under that Act. But, unfortunately, the recruitment of dental surgeons continued to be exceedingly difficult, and only 5 dentists and 1 part-time dentist, in addition to the Senior Dental Officer, were available during 1949.

Mr. O. Jacobs, the Senior Dental Officer, reports as follows :—

"Even with the continued shortage of dental staff it was possible to improve on the amount of work carried out for mothers, and for children under five, as the following figures show :—

#### (a) Numbers provided with Dental Care :—

	Examined.	Needing treatment.	Treated.
Expectant and nursing mothers	74	74	74
Children under five ... ..	482	482	482

#### (b) Forms of dental treatment provided :

	Extractions.	Anaesthetics.		Fillings.	Scalings.	Silver nitrate.	Dressings.	Radiographs.	Dentures provided.	
		Local.	General.						Complete.	Partial.
Expectant and nursing mothers	147	14	33	82	28	—	—	—	4	—
Children under five	211	31	57	288	—	8	—	—	—	—

The actual numbers made dentally fit cannot be stated, but it may be assumed that the majority were.

Cases requiring radiography are few, but those that arise are referred for the purpose to the general hospitals at Oxford, Newbury, Reading, Windsor and Maidenhead. Dentures are obtained from a private Dental Technician in Reading."

#### MIDWIFERY, HOME NURSING AND HEALTH VISITING.

The general arrangements for the provision of these services by the Council were described in the last Report. With the coming into operation of the National Health Service Act, 1946, on 5th July, 1948, it was necessary for the Council to take over at valuation, from the local voluntary committees which had formerly provided the district nursing service throughout the county, 19 houses, a considerable amount of nursing equipment, and 58 nurses' motor cars. A considerable number of the latter were very old, and the Council had to give consideration to the question of replacing a number of the oldest of these cars, as well as to the related question of maintenance. During the year the Morris Minor was adopted as the standard nurses' car (and this model has proved very satisfactory for the work in the light of experience), and the purchase of 12 of these cars was approved. It was also suggested by the Health Committee that an old ambulance should be converted into a mobile service van for nurses' cars, in order that standards of maintenance should be generally raised and made more uniform. But this proposal came at a time when a maintenance and central repair system for the Police was also under consideration by the Council, and it was decided that the questions of maintenance and repair for all County Council vehicles, including nurses' cars, should be dealt with, as far as possible, as one problem, and that the possibility of having one scheme for these purposes should be fully explored before any definite decision was taken. Arrangements were made for the Ambulance Sub-Committee of the Health Committee to take over the supervision of nurses' cars, and for the County Ambulance Officer to deal with nurses' cars as well as with ambulance vehicles.

#### MIDWIFERY.

The County Council had been Local Supervising Authority for the whole County under the Midwives Acts before the coming into operation of the National Health Service Act, 1946, and continued to be so as Local Health Authority under the latter Act.

At the end of 1949, 152 midwives were practising in the county area. Of these, 87 were engaged in domiciliary midwifery practice and 65 were employed in either general hospitals or nursing homes.

The following table shows the numbers of cases attended by midwives in the area of the Local Supervising Authority :—



	Domiciliary Cases.		Cases in Institutions.		Total.	
	As Mid-wives. (1)	As Maternity Nurses. (2)	As Mid-wives. (3)	As Maternity Nurses. (4)	As Mid-wives. (5)	As Maternity Nurses. (6)
(1) Midwives employed by the Authority ...	1,348	514	—	—	1,348	514
(2) Midwives employed by Voluntary Organisations—						
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act ...	14	3	—	—	14	3
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—	—	—
(3) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ...	—	—	1,114	570	1,114	570
(4) Midwives in Private Practice (including Midwives employed in Nursing Homes) ...	3	—	19	414	22	414
TOTALS ...	1,365	517	1,133	984	2,498	1,501

#### ANTE-NATAL EXAMINATIONS.

Although ante-natal and post-natal examinations by a medical practitioner are provided under the new Act for all maternity patients (on the basis of a minimum of two ante-natal examinations and a post-natal examination), every effort has been made to impress upon midwives the need for them to continue to provide their own complete ante-natal care for their cases. During 1949, the Council's domiciliary midwives made 17,881 ante-natal visits to their patients, and completed full records in all these cases.

#### ANTE-NATAL CLINICS.

The Council continued its Clinics at Abingdon, Faringdon, Maidenhead, Newbury and Windsor, and during the year 757 women made a total of 2,903 attendances.

#### GAS-AIR ANALGESIA.

In July, 1947, 13 of the 73 district midwives in the county were qualified in gas-air analgesia and 10 apparatuses were in use. At 31st December, 1949, the number of midwives qualified in this way had risen to 57, and the number of apparatuses in use to 49.

The number of domiciliary maternity cases receiving gas-air analgesia during 1949 was 674.

#### MATERNITY HOSPITALS.

After the coming into operation of the National Health Service Act, 1946, the number of maternity beds available in the county continued to be insufficient to accommodate all the maternity patients who desired to have their confinements in hospital. Arrangements were therefore made by Regional Hospital Boards for Medical Officers of Health of Local Health Authorities to investigate the domiciliary circumstances of all maternity patients who applied for a hospital confinement (excluding those requiring such confinement on purely obstetric grounds), in order that the available beds should be used only for cases in which the home circumstances rendered confinement in the home genuinely impossible. Under these arrangements, 1,388 applications were investigated by the staff of the County Public Health Department during the year.

#### PUERPERAL PYREXIA.

During the year 16 cases were notified, 11 of which were admitted to hospital. No death occurred. All the cases were investigated in detail and reported upon by the Superintendent Nursing staff, who also gave suitable advice on preventive measures.

#### OPHTHALMIA NEONATORUM.

The number of cases notified was 10. In no case was there impairment of vision as a result of the infection and all cases underwent a satisfactory resolution.

#### STERILIZED MATERNITY OUTFITS.

Under the National Health Service Act, 1946, these are issued free to all domiciliary maternity patients by the Local Health Authority, and the total number of outfits supplied in 1949 was 1,989.

#### HOME NURSING.

During 1949, District Nurses carried out 148,003 domiciliary nursing visits to cases of illness, quite apart from the numerous other visits carried out by them as Midwives and as Health Visitors.

#### HEALTH VISITING.

Under the National Health Service Act, 1946, the functions of the Health Visitor were much increased. Hitherto her work had been very largely confined to the care of infants and young children in the home, and to the closely related work carried on in Infant Welfare Centres. This was her primary function, although many Health Visitors also undertook other duties such as those in relation to tuberculosis and mental deficiency. Under the new Act, the Health Visitor is to give advice as to "the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection." This expansion of work must be a gradual process, but a beginning has been made in the direction of arousing the interest of Health Visitors in regard to the additional types of work that are involved, in order that the development of the Health Visitor into a more complete health adviser to the whole family (and this is surely the intention under the Act) shall be carried a stage further.

The numbers of visits paid by Health Visitors during 1949 were as follows :—

Visits to children under one year	... ..	32,216
„ „ „ between one and five years	... ..	36,040

The Council continued to provide in 1949 *training scholarships for Health Visitors*, and three candidates were accepted during the year.

#### SPECIAL CARE OF PREMATURE INFANTS.

The criterion of prematurity is “an infant weighing  $5\frac{1}{2}$  pounds or less at birth,” and all such births are specially notified to the County Medical Officer of Health by the midwife. Midwives are required to give special care to all such infants, and to obtain the assistance of the Superintendent or of her Assistants. In the Public Health Department there is provided a number of special cots for the nursing of such infants in their own homes, and also special baskets that can be heated for transport of the infant to hospital when this is necessary. 230 premature infants were born during the year to women normally resident in the county. Statistics relating to these births are given in the following table :—

(1) Number born at home	... ..	73
(a) Number born at home and nursed entirely at home	... ..	62
(b) Number of those born at home and nursed entirely at home :		
(i) who died during the first 24 hours...	... ..	3
(ii) who survived at the end of one month	... ..	57
(c) Number of those born at home and removed to Hospital		11
(d) Number of those born at home and removed to Hospital :		
(i) who died during the first 24 hours...	... ..	3
(ii) who survived at the end of one month	... ..	4
(2) Number born in Hospital	... ..	146
(a) Number of those born in Hospital :		
(i) who died during the first 24 hours...	... ..	11
(ii) who survived at the end of one month	... ..	124
(3) Number born in Nursing Homes	... ..	11
(a) Number of those born in Nursing Homes :		
(i) who died during the first 24 hours...	... ..	2
(ii) who survived at the end of one month	... ..	8

#### NOTIFICATION OF BIRTHS.

The number of births notified under Section 203 of the Public Health Act, 1936, was 4,702, including 79 stillbirths.

Births are notifiable under the Public Health Act, 1936, by the father of the child *and* any person in attendance during the confinement or within six hours after the birth. It follows that the midwife should always notify a birth at which she is in attendance, and if this procedure is followed the



vast majority of births are notified. Even so, births are also checked by exchange of information with the Registrar of Births and Deaths, who independently receives particulars of each birth, since each birth must be registered as well as notified. It is on the basis of the information received through notification of births (checked by registration) that the work of the Health Visitor is brought into operation. The home visiting of infants and young children by Health Visitors remains the foundation, and the most important part, of the Child Welfare work of local authorities. This work (based on the notification of births) has additional importance in securing that every child is vaccinated against smallpox, and immunised against diphtheria.

#### NURSING HOMES.

At December 31st, 1949, there were 27 registered Nursing Homes in the county, compared with 28 at the end of 1948. Of these, 9 undertook general medical and surgical work, 7 admitted maternity cases only, and the remainder provided for the nursing of either convalescent or senile patients.

#### AMBULANCE SERVICE.

During 1949 the arrangements that the County Council had adopted for the provision of an ambulance service under the National Health Service Act continued to prove that they were adequate for their purpose. The service functioned very smoothly, and only minor adjustments were necessary during the year. The two voluntary first-aid organisations, the St. John Ambulance Brigade and the British Red Cross Society, and the local voluntary committees, continued to contribute their full share to the work of the service. The local ambulance committee at Lambourn provided a new ambulance out of its own funds. At the end of the year, one additional (voluntary) station at Ascot, under the St. John Ambulance Brigade, was provided.

The year saw a steady increase in mileage and in the number of patients conveyed, although there was a suggestion towards the latter part of the year (particularly in regard to the Hospital Car Service) that a more stabilised situation was approaching. The increase in the work of the ambulance services of the country in general had been very considerable since the Act came into operation, and, following a suggestion of the Ministry of Health, conferences were held in July onwards between representatives of the County Council, Hospital Management Committees, and of Executive Councils, with a view to applying every possible measure to assure that the use of ambulance vehicles was limited to cases of genuine need.

Many of the vehicles in the ambulance service at the beginning, on 5th July, 1948, were very old, and in March, 1949 the Council adopted a five-year programme for the purchase of new vehicles on the basis of the expected life of the existing vehicles of the service. Vehicles were to be replaced, in general, after ten years or a hundred thousand miles, and the Morris ambulance was adopted after a thorough test of the main types that were available. Eight new ambulances were authorised for the financial year 1949-50. The consideration of a possible central repair depot was referred to a special joint section of the Council and of the Standing Joint Committee, with a view to a joint scheme.

*Mileage and types of case dealt with for each Ambulance Station during 1949.*

Station.	No. of Patients.	Type of Case.					Total Mileage.
		Illness (Urgent).	Illness (Not Urgent).	Accident.	Maternity.	Other.	
Abingdon ...	1,696	185	1,167	205	129	10	27,216
Bracknell ...	1,947	306	1,347	200	90	4	51,880
Cookham ...	34	10	15	6	1	2	738
Didcot ...	2,673	584	1,819	137	112	21	61,685
Faringdon...	195	67	70	34	24	—	8,175
Hungerford	184	58	62	44	20	—	6,023
Lambourn	86	31	30	15	10	—	3,407
Maidenhead	2,969	387	2,208	174	174	26	16,977
Maidenhead (St. John)	358	128	176	35	16	3	9,706
Newbury ...	1,340	707	263	248	121	1	30,376
Thatcham...	71	23	28	10	8	2	1,594
Wallingford	508	76	329	40	63	—	11,787
Wantage ...	232	51	104	44	32	1	6,914
Windsor ...	2,835	389	2,085	180	181	—	25,867
Wokingham	749	283	298	123	45	—	14,856
INFECTIOUS DISEASE.							
Abingdon Isolation Hospital	596	88	508	—	—	—	11,862
Maidenhead Isolation Hospital	730	240	490	—	—	—	11,613
TOTALS ...	17,203	3,613	10,999	1,495	1,026	70	300,676

## HOSPITAL CAR SERVICE.

Transport for sitting cases was provided almost entirely through the voluntary Hospital Car Service that had been built up during the war as the Volunteer Car Pool, and has continued to function since that time. In Berkshire this service is organised by the office of the British Red Cross Society in Reading, together with certain local Organisers of the Society out in the county, the County Council being financially responsible for the payments to volunteer drivers at the rate of sixpence a mile, and sharing with Reading Borough Council the central administrative costs. The service continued to grow, as is shown by the following figures. The increase would probably have been greater in the absence of the measures of control that were described in the last Report.

<i>Month.</i>		<i>Number of Journeys.</i>	<i>Number of Patients.</i>	<i>Mileage.</i>
January	...	994	1,044	31,558
February	...	1,066	1,117	34,194
March	...	1,187	1,240	37,477
April	...	949	1,002	31,268
May	...	1,201	1,293	39,093
June	...	1,202	1,295	38,508
July	...	1,279	1,334	39,842
August	...	1,172	1,240	37,214
September	...	1,180	1,262	34,862
October	...	1,302	1,419	36,882
November	...	1,326	1,439	36,868
December	...	1,265	1,366	35,401
Totals	...	14,123	15,051	433,167

It was apparent that there would be advantages in having a certain number of cars for sitting cases based on the Council's own ambulance stations, so that some, at least, of this part of the work of the ambulance service could be integrated with that of the ambulance stations themselves. The Committee was aware that its ambulances were conveying numbers of sitting cases. Although the Hospital Car Service could provide a sitting-case car at short notice in some parts of the county, it was the general rule of the Service that 48 hours' notice should be given for the supply of a car. It was not infrequent, therefore, for an ambulance station to have to send an ambulance (in the absence of a car at the ambulance station) for the transport of a case which, though urgent, could sit in a car had one been available. With these points in mind the Council decided to provide a sitting-case car at two of the main ambulance stations, with a view to extending such an arrangement to further ambulance stations should this be justified by experience.

#### PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Under Section 28 of the National Health Service Act, 1946, a Local Health Authority "may with the approval of the Minister, and to such extent as the Minister may direct, make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons." Under Ministry of Health Circular 118/47 of 10th July, 1947, the Minister confined his direction under this Section of the Act to the prevention of tuberculosis and the care and after-care of persons suffering from tuberculosis. The County Council provides Health Visitors for the special visiting of domiciliary cases of tuberculosis and such Health Visitors are required to "concern themselves with all matters relating to the welfare of such patients and their families" and to "concern themselves particularly with all measures which can be taken to prevent tuberculosis in the family of the patient." It is also provided that tuberculous patients shall be supplied, where necessary, with beds, bedding and nursing requisites, and the supply of outdoor shelters is continued, as well as facilities for the supply of extra nourishment.

#### MASS MINIATURE RADIOGRAPHY.

During May and June, 1949, it was possible for the Unit to carry out three small surveys in Berkshire. A total of 3,722 persons were examined,



and 14 cases of active pulmonary tuberculosis (7 in men over forty years of age) were discovered ; 10 of these were referred for sanatorium treatment, 2 for domiciliary treatment, and for 2 modification of the hours of work was advised.

#### B.C.G. VACCINATION.

In October, 1949, the Council made arrangements for the provision of facilities for vaccination by B.C.G. (*Bacille Calmette-Guérin*), to be used in the case of susceptible home contacts of cases of pulmonary tuberculosis. For this purpose, a susceptible person is one who gives a negative reaction to the *tuberculin* skin test. The vaccine results in the development of a positive reaction to this test. This change also results from natural infection by the germ of tuberculosis itself, and a high (but diminishing) proportion of adults have undergone such natural infection without developing overt signs of disease, *cases* of tuberculosis consisting of the very small proportion of such persons in whom the infection develops into actual disease. Extensive investigations in Scandinavia in relation to nurses working in sanatoria strongly suggest that persons made positive to the *tuberculin* test (whether artificially by B.C.G. vaccine, or by natural infection as described above) are more resistant to subsequent infection than others who are negative to the test at the time of such infection ; although, in such tests, some allowance must be made for the fact that there is probably some degree of *selection* in the " positive " group (those made positive to the *tuberculin* test by natural infection), in that there will have been excluded from that group, previous to the test, a number of persons who, whether through lower innate resistance or through mode of infection, have fallen victims to disease or death from tuberculosis. At present the vaccine must be specially obtained from Denmark, and supplies are strictly limited, with the result that the method must be restricted to persons who are under special risk of infection, and the Ministry of Health has made similar provision for its use in the case of medical students, nurses and others who work in hospitals. It seems probable that the extension of this protective measure to the majority of susceptible young adults, as soon as this is practicable, will have a very significant effect on the spread of tuberculosis in the community at large.

While these newer methods are being developed, there should be no relaxation of effort in regard to the established means of prevention. Of special importance in this respect are : (a) the examination and supervision of contacts, and the tracing, wherever possible and by all means, of the source of infection in each case, as well as (b) the prevention of spread of the infection, particularly in the patient's home, by the teaching of a sound regimen to the patient and his family. Much more can be done in this way than is generally appreciated, and here the Tuberculosis Health Visitor has a function of the greatest importance.

#### PROVISION OF NURSING EQUIPMENT.

Arrangements are made by the Council for the supply of nursing equipment for domiciliary cases through the existing nursing depots of the British Red Cross Society and the St. John Ambulance Brigade, each article being issued through the Home Nurse.

#### AFTER-CARE OF PERSONS DISCHARGED FROM HOSPITAL.

The proposals of the Council under the National Health Service Act provide that any necessary care shall be provided for " persons discharged

from hospital or other invalids," and this work is carried out, in general, by Health Visitors. Similar work is also carried out by the staff of the Council in regard to the follow-up, when necessary, of contacts of cases of venereal disease.

#### ADMISSION TO HOSPITAL OF THE INFIRM AGED AND CHRONIC SICK.

At 5th July, 1948, when the former Public Assistance Institutions were taken over by Regional Hospital Boards under the National Health Service Act, the shortage of hospital beds for the infirm aged and the chronic sick was serious. The demands on the hospital service were increased by the coming into operation of the new Act, and the shortage referred to was, if anything, accentuated. Arrangements were therefore made for Medical Officers of Health of Local Health Authorities to investigate the circumstances of these cases, in order that there might be some degree of selection of the relatively more urgent ones, and so that beds should go to those most in need of them. The number of cases of this kind dealt with by the Public Health Department during the year was 111.

#### HEALTH EDUCATION.

This continued to be developed through the Council's Health Visitors, and the Council continued its support to the Central Council for Health Education.

#### DOMESTIC HELP SERVICE.

Under the National Health Service Act, 1946, the Council may provide Domestic Helps "for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged or a child not over compulsory school age within the meaning of the Education Act, 1944." The Council's scheme was started in July, 1946, two years before the new Act, and the scheme is essentially one that provides Domestic Helps on medical grounds. Operated in this way the service can render most valuable help to the community, not least by enabling the infirm aged to carry on in their own homes, when they would otherwise have to occupy relatively expensive hospital or other institutional accommodation, the latter alternative being as undesirable, in most cases, from the human as it is from the financial aspect. Careful control of the use of this service was maintained by the Public Health Department; considerable trouble was taken, by adequate enquiry into each case, to establish the fact of genuine need on medical grounds, and the more prolonged cases were reviewed at regular intervals. In addition, the number of hours to be worked in each case was laid down after careful consideration of the individual circumstances and it has become apparent that the really necessary number of hours per week are in most cases less than might be expected, and the average weekly hours per case for the whole county during the year came out at about nine.

The numbers of new cases accepted during 1946, 1947, and 1948 were respectively 12, 43 and 154. The number of new cases during 1949 was 509, and the cases being provided for at the end of the year was 156 (compared with 49 at the end of the previous year).

#### BLIND PERSONS ACT, 1920.

The report of the Berkshire County Blind Society showed that, on 31st March, 1950, there were 417 persons on their register; 59 new cases were registered.



The total number of cases referred to certifying ophthalmic surgeons was 71 and, of these, 2 were certified as not being blind within the meaning of the Blind Persons Act, 1920 ; 45 of those certified as blind were over 60 years of age.

One person who had previously been certified as blind was removed from the register as the sight had improved so much that the case no longer came under the definition of a blind person ; 38 persons died, and 17 left the county to reside in other areas.

Home teachers continued their domiciliary visits to blind persons.

### MENTAL HEALTH.

Under the National Health Service Act the Council has constituted a Mental Health Sub-Committee consisting of six members of the Council, and three members co-opted on account of their special interest in the work for which the Sub-Committee is responsible. Five meetings were held during the year.

In the administration of the service the County Medical Officer is assisted by :—

A Senior Assistant Medical Officer (who is also Senior Assistant School Medical Officer).

A Psychiatric Social Worker.

Seven Duly Authorised and Welfare Officers.

In addition, it is provided that psychiatric specialists of the Regional Hospital Board shall be called in for purposes of consultation, when necessary, in regard to cases of mental deficiency or mental illness, and a proportion of the time of the Council's Assistant School Medical Officers is allocated to the case-work of the service.

The Psychiatric Social Worker is a joint appointment with the Regional Hospital Board. The work involved in this appointment falls mainly under two heads : (a) patients discharged from mental hospitals ; the period immediately following discharge is a period "on trial," during which the patient is the legal responsibility of the mental hospital, but it is desirable in many cases that supervision by the Psychiatric Social Worker should be *maintained*, with visits at perhaps less frequent intervals than during the "on trial" period, in order that relapse may be prevented by suitable advice or action when this is possible, or at least foreseen even if not preventable ; (b) patients requiring psychiatric observation following discharge from the Services, and cases referred for such observation from other sources.

No duties were delegated to voluntary organisations, but the Council continued to subscribe to the National Association for Mental Health.

The work of prevention, care and after-care under Section 28 of the Act was undertaken, on the lines indicated above, by the Psychiatric Social Worker and by the Duly Authorised Officers.

### LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

During 1949 the Duly Authorised Officers dealt with the admission to hospital of 116 cases under these Acts, and these cases fell into the following categories :—

<i>Certified.</i>	<i>Temporary.</i>	<i>Voluntary.</i>
87	—	29

In addition, advice was given in many cases in which hospital care was not found to be necessary.

# MENTAL DEFICIENCY ACTS, 1913-1938.

The number of new cases ascertained during the year was 70, of which 49 were notified to the Authority under the Education Act.

On 31st December, 1949, the numbers of ascertained cases under the Authority, in various categories, were as follows, the figures for the previous year being shown in brackets :—

In certified institutions ... ..	295 (276)
Under Guardianship ... ..	7 (8)
Under Statutory Supervision ... ..	197 (161)
Under Voluntary Supervision ... ..	61 (69)
	<hr/>
	560 (514)

Cases awaiting institutional care (included in the above) at 31st December, 1949, were :—

<i>Males.</i>	<i>Females.</i>	<i>TOTAL.</i>
15	27	42

These cases, in order of urgency, were :—

	<i>Males.</i>	<i>Females.</i>
Very Urgent ... ..	5	4
Urgent ... ..	2	13
Others ... ..	8	10
	<hr/>	<hr/>
	15	27

The last table illustrates the very great shortage of available institutional beds for these cases, a serious situation which continues to be nation-wide.

Supervision continued to be carried out by the Council's Health Visitors, and the Duly Authorised Officers performed this work in relation to some of the male cases. The great majority of mental defectives were visited quarterly, and reports were submitted in respect of each visit.

In regard to Training, the Council has not made arrangements for providing any Training Centres of its own for mental defectives, but arrangements have been made for patients to attend the Occupation Centres in Reading and Slough, and the British Red Cross Society in Berkshire carries out a considerable amount of occupational work in the homes of patients of all kinds, including mental defectives.

## HEALTH CENTRES.

The proposal to use the Faringdon Cottage Hospital as a Health Centre was referred to in the last Report. In March, 1949, the Council approved the proposal in principle, and negotiations were opened with the Regional Hospital Board, but the details were still under discussion at the end of the year.

TABLE IX.  
NOTIFICATIONS OF INFECTIOUS DISEASE, 1949.

DISEASES NOTIFIED.	Cases notified in Urban Districts.								Cases notified in Rural Districts.													
	Abingdon Borough	Maidenhead Borough.	Newbury Borough.	New Windsor Borough.	Wallingford Borough.	Wantage.	Wokingham Borough.	Total Urban Districts.	Abingdon.	Bradfield.	Cookham.	Easthampstead.	Faringdon.	Hungerford.	Newbury.	Wallingford.	Wantage.	Windsor.	Wokingham.	Total rural Districts.	Total County.	
1 Smallpox	1	—	—	—	—	—	—	—	1	—	2	—	1	1	—	—	—	—	—	14	—	20
2 Diphtheria and Membranous Croup	2	2	—	—	—	—	1	9	8	1	1	2	—	3	1	—	—	1	3	20	29	
3 Erysipelas	10	21	27	18	—	4	1	81	19	7	10	17	26	12	9	11	18	5	48	182	263	
4 Scarlet Fever	—	—	—	—	—	—	—	—	1	—	—	17	—	—	—	2	—	—	16	36	36	
5 Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
6 Paratyphoid	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7 Puerperal Pyrexia	1	1	—	4	—	1	1	8	1	—	—	—	—	2	1	—	3	—	1	8	16	
8 Cerebro-spinal Meningitis	—	—	—	—	—	1	1	1	1	—	—	—	—	—	—	—	1	—	1	3	4	
9 Poliomyelitis	1	10	3	4	—	1	1	20	4	—	5	8	1	1	—	2	4	1	17	43	63	
10 Polioencephalitis	—	—	—	1	—	—	—	1	1	—	—	1	—	—	—	—	—	—	—	2	3	
11 Ophthalmia Neonatorum	—	3	1	—	—	—	1	5	1	—	—	1	—	—	1	—	—	1	1	5	10	
12 Pneumonia	8	—	1	8	1	2	—	20	13	60	5	8	6	—	2	3	1	—	34	132	152	
13 Dysentery	—	—	—	1	—	—	—	1	2	1	—	—	—	4	—	1	—	—	32	40	41	
14 Pulmonary Tuberculosis	23	29	24	23	4	5	7	115	31	33	11	14	12	4	18	23	16	11	37	210	325	
15 Tuberculosis other than Pulmonary	3	4	—	1	1	1	1	11	8	3	2	6	2	3	1	2	2	3	9	41	52	
16 Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
17 Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	
18 Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
19 Pemphigus Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	
20 Measles	311	87	57	97	9	251	21	833	481	322	78	288	190	253	136	148	295	101	447	2,739	3,572	
21 Whooping Cough	39	58	48	9	26	9	31	220	99	71	37	119	21	28	41	34	62	13	182	707	927	
Totals	399	215	161	171	41	275	65	1327	671	498	151	481	259	311	210	226	402	138	842	4,189	5,516	

TABLE X.

## EPIDEMIC MORTALITY DURING TEN YEARS 1940-1949.

			NUMBER OF DEATHS.						
			Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Enteric Fever.	Diarrhoea.
URBAN DISTRICTS.									
1	Abingdon Borough	...	—	—	—	—	1	—	5
2	Maidenhead Borough	...	—	3	3	6	3	—	10
3	Newbury Borough	...	—	2	—	1	—	—	4
4	New Windsor Borough	...	—	1	—	—	3	1	10
5	Wallingford Borough	...	—	—	—	—	—	—	3
6	Wantage	...	—	—	—	1	—	—	1
7	Wokingham Borough	...	—	—	—	1	—	1	5
RURAL DISTRICTS.									
1	Abingdon	...	—	1	2	2	5	—	7
2	Bradfield	...	—	2	1	1	3	1	11
3	Cookham	...	—	—	—	1	3	—	6
4	Easthampstead	...	—	—	—	2	—	2	9
5	Faringdon	...	—	—	—	—	1	—	7
6	Hungerford	...	—	—	—	3	2	—	3
7	Newbury	...	—	3	—	2	4	—	6
8	Wallingford	...	—	2	—	4	3	—	2
9	Wantage	...	—	1	—	—	3	—	—
10	Windsor	...	—	2	—	—	1	—	11
11	Wokingham	...	—	3	—	4	12	—	9
Urban Districts			—	6	3	9	7	2	38
Rural Districts			—	14	3	19	37	3	71
County ...			—	20	6	28	44	5	109



TABLE XI.—CAUSES OF, AND AGES AT, DEATH, 1949.  
URBAN DISTRICTS.

CAUSE OF DEATH.	Deaths belonging to all Urban Districts.							Deaths belonging to each District (at all ages).						
	All Ages.	Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 45 years.	45 and under 65 years.	65 and upwards.	Abingdon Borough.	Maidenhead Borough.	Newbury Borough.	New Windsor Borough.	Wallingford Borough.	Wantage.	Wokingham Borough.
Typhoid and paratyphoid fevers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ...	2	1	1	—	—	—	—	—	2	—	—	—	—	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of respiratory system ...	31	—	—	—	12	10	9	2	11	10	5	1	2	—
Other forms of tuberculosis ...	3	—	1	—	1	—	1	—	2	—	1	—	—	—
Syphilitic diseases ...	3	—	—	—	—	—	3	—	2	1	—	—	—	—
Influenza ...	16	—	—	—	—	5	11	1	4	2	8	—	—	1
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis and polioencephalitis ...	2	—	—	—	2	—	—	—	2	—	—	—	—	—
Acute infantile encephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer of buccal cavity and oesophagus (M)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
uterus (F) ...	13	—	—	—	3	2	8	—	2	1	7	1	1	1
Cancer of stomach and duodenum ...	37	—	—	—	—	16	21	1	6	8	12	2	1	7
Cancer of breast ...	28	—	—	—	4	7	17	1	7	5	7	—	5	3
Cancer of all other sites ...	107	—	—	—	6	29	72	12	35	27	15	5	6	7
Diabetes ...	3	—	—	—	—	1	2	—	1	1	—	—	—	1
Intra-cranial vascular lesions ...	162	—	—	—	1	35	126	16	46	31	27	6	15	21
Heart disease ...	367	—	1	—	14	54	298	26	127	67	82	13	28	24
Other diseases of circulatory system	43	—	—	—	—	7	36	3	11	12	8	—	4	5
Bronchitis ...	46	1	—	—	1	9	35	5	15	7	15	—	4	—
Pneumonia ...	35	5	2	—	3	5	20	10	11	2	8	1	—	3
Other respiratory diseases ...	18	1	—	—	—	—	8	2	8	2	3	—	2	1
Ulcer of stomach or duodenum ...	11	—	—	—	1	4	6	1	5	1	—	—	3	1
Diarrhoea under two years ...	3	3	—	—	—	—	—	1	2	—	—	—	—	—
Appendicitis ...	1	—	—	1	—	—	—	—	—	—	—	—	1	—
Other digestive diseases ...	23	—	2	—	1	6	14	1	7	3	7	2	1	2
Nephritis ...	19	—	—	—	1	5	13	3	6	3	5	1	—	1
Puerperal and post abortion sepsis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other maternal causes ...	1	—	—	—	1	—	—	—	—	—	1	—	—	—
Premature birth ...	5	5	—	—	—	—	—	—	2	1	1	—	1	—
Congenital malformation, birth injuries,	—	—	—	—	—	—	—	—	—	—	—	—	—	—
infantile diseases ...	26	23	2	—	—	1	—	2	6	6	8	—	—	4
Suicide ...	9	—	—	—	1	2	6	—	5	1	—	1	1	1
Road traffic accidents ...	8	—	—	1	4	1	2	—	2	2	2	1	—	1
Other violent causes ...	28	6	—	3	5	1	13	4	8	4	5	1	4	2
All other causes ...	127	1	—	3	9	15	99	22	27	29	18	10	1	20
All causes ...	1,177	46	9	8	72	222	820	113	362	226	245	45	80	106



TABLE XII.—CAUSES OF, AND AGES AT, DEATH, 1949.

## RURAL DISTRICTS.

CAUSE OF DEATH.	Deaths belonging to all Rural Districts.							Deaths belonging to each District (at all ages).										
	All Ages.	Under 1 year	1 and under 5 years.	5 and under 15 years.	15 and under 45 years.	45 and under 65 years.	65 and upwards.	Abingdon	Bradfield	Cookham	Easthampstead	Faringdon	Hungerford	Newbury	Wallingford	Wantage	Windsor	Wokingham
Typhoid and paratyphoid fevers ... ..	1	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—
Cerebro-spinal fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ... ..	3	3	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of respiratory system ... ..	40	—	—	—	17	17	6	1	4	1	7	2	4	5	3	5	1	7
Other forms of tuberculosis ... ..	3	—	1	—	2	—	—	—	—	—	1	—	1	—	—	1	—	—
Syphilitic diseases ... ..	7	—	—	—	—	1	5	—	—	—	2	—	1	1	—	2	—	1
Influenza ... ..	16	—	—	—	—	2	14	2	1	2	1	—	2	—	1	2	2	3
Measles ... ..	4	—	2	1	—	—	1	1	—	—	—	—	—	2	—	—	—	1
Acute poliomyelitis and polioencephalitis ... ..	4	—	1	1	2	—	—	1	—	—	1	1	—	—	—	—	—	—
Acute infantile encephalitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer of buccal cavity and oesophagus (M)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
uterus (F) ... ..	18	—	—	—	—	6	12	1	1	2	1	2	2	1	—	3	—	5
Cancer of stomach and duodenum ... ..	35	—	—	—	2	9	24	3	6	—	1	2	1	3	7	3	1	8
Cancer of breast ... ..	33	—	—	—	2	14	17	3	5	1	5	—	3	3	4	3	1	5
Cancer of all other sites ... ..	216	—	2	—	7	76	131	15	15	21	27	12	11	27	17	13	18	40
Diabetes ... ..	16	—	—	—	1	4	11	2	3	1	2	2	1	1	—	1	—	3
Intra-cranial vascular lesions ... ..	211	—	—	—	3	42	166	22	25	19	22	9	13	21	17	14	13	36
Heart disease ... ..	591	—	—	—	16	96	479	41	66	57	70	34	40	55	37	44	49	98
Other diseases of circulatory system ... ..	66	—	1	1	1	13	50	11	12	4	5	1	2	7	1	3	8	12
Bronchitis ... ..	96	1	—	—	1	15	79	6	12	4	14	4	3	8	5	11	10	19
Pneumonia ... ..	76	8	2	—	3	10	53	5	8	10	11	5	4	1	7	4	4	17
Other respiratory diseases ... ..	40	1	—	—	1	15	23	7	3	3	9	4	1	1	5	3	1	3
Ulcer of stomach or duodenum ... ..	16	—	—	—	—	6	10	1	1	—	4	—	2	1	2	—	3	2
Diarrhoea under two years ... ..	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Appendicitis ... ..	1	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Other digestive diseases ... ..	34	1	1	—	2	5	25	2	3	2	4	—	—	5	5	3	2	6
Nephritis ... ..	37	—	—	1	4	10	22	3	5	2	4	—	3	3	1	3	3	8
Puerperal and post abortion sepsis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Other maternal causes ... ..	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Premature birth ... ..	22	22	—	—	—	—	—	2	—	—	4	2	3	1	2	1	2	5
Congenital malformation, birth injuries, infantile diseases ... ..	37	29	2	3	1	2	—	10	3	2	7	—	1	3	2	—	2	7
Suicide ... ..	20	—	—	—	5	9	6	—	2	2	1	4	1	4	2	—	1	3
Road traffic accidents ... ..	25	—	—	1	14	6	4	3	1	2	1	3	2	2	3	1	5	2
Other violent causes ... ..	39	2	1	4	6	9	17	8	1	4	5	—	1	5	3	2	3	7
All other causes ... ..	204	3	4	3	12	22	160	18	13	13	34	14	4	18	18	13	10	49
All causes ... ..	1,915	72	17	16	105	389	1,316	168	190	152	244	105	107	178	144	136	140	351





TABLE XIII.—CAUSES OF, AND AGES AT, DEATH, 1949.

## ADMINISTRATIVE COUNTY OF BERKS.

CAUSE OF DEATH.	Net Deaths at the subjoined Ages of "Residents," whether occurring within or without the County.						
	All ages.	Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 45 years.	45 and under 65 years.	65 and upwards.
Typhoid and paratyphoid fevers ... ..	1	—	—	—	—	—	1
Cerebro-spinal fever ... ..	—	—	—	—	—	—	—
Scarlet fever ... ..	—	—	—	—	—	—	—
Whooping cough ... ..	5	4	1	—	—	—	—
Diphtheria ... ..	—	—	—	—	—	—	—
Tuberculosis of respiratory system ... ..	71	—	—	—	29	27	15
Other forms of tuberculosis... ..	6	—	2	—	3	—	1
Syphilitic diseases ... ..	10	—	—	—	1	1	8
Influenza ... ..	32	—	—	—	—	7	25
Measles ... ..	4	—	2	1	—	—	1
Acute poliomyelitis and polioencephalitis ... ..	6	—	1	1	4	—	—
Acute infectious encephalitis ... ..	—	—	—	—	—	—	—
Cancer of buccal cavity and oesophagus (M) uterus (F)	31	—	—	—	3	8	20
Cancer of stomach and duodenum ... ..	72	—	—	—	2	25	45
Cancer of breast ... ..	61	—	—	—	6	21	34
Cancer of all other sites ... ..	323	—	2	—	13	105	203
Diabetes ... ..	19	—	—	—	1	5	13
Intra cranial vascular lesions	373	—	—	—	4	77	292
Heart disease... ..	958	—	1	—	30	150	777
Other disease of circulatory system ... ..	109	—	1	1	1	20	86
Bronchitis ... ..	142	2	—	—	2	24	114
Pneumonia ... ..	111	13	4	—	6	15	73
Other respiratory diseases ... ..	58	2	—	—	3	22	31
Ulcer of stomach or duodenum ... ..	27	—	—	—	1	10	16
Diarrhoea under two years ... ..	5	5	—	—	—	—	—
Appendicitis ... ..	2	—	—	2	—	—	—
Other digestive diseases ... ..	57	1	3	—	3	11	39
Nephritis ... ..	56	—	—	1	5	15	35
Puerperal and post Abortion sepsis ... ..	—	—	—	—	—	—	—
Other maternal causes ... ..	3	—	—	—	3	—	—
Premature birth ... ..	27	27	—	—	—	—	—
Congenital malformation, birth injuries, infantile diseases	63	52	4	3	1	3	—
Suicide ... ..	29	—	—	—	6	11	12
Road traffic accidents ... ..	33	—	—	2	18	7	6
Other violent causes... ..	67	8	1	7	11	10	30
All other causes ... ..	331	4	4	6	21	37	259
All causes ... ..	3,092	118	26	24	177	611	2,136

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